

EXHIBIT 3

LAW OFFICES
OF
SILVER & BROWN
A PROFESSIONAL CORPORATION
RED MAPLE COURT
10621 JONES ST., SUITE 101
FAIRFAX, VIRGINIA 22030

C. THOMAS BROWN†
GLENN H. SILVER*
ERIK B. LAWSON°
†(VAMD)
*(VADCNY)
°(VA)

Telephone (703) 591-6666
Facsimile (703) 591-5618

Writers Email:
ctbghs@aol.com

August 13, 2015

VIA CERTIFIED MAIL AND FACSIMILE (1-800-238-6239)

Aetna Life Insurance Company Service Center
P.O. Box 14548
Lexington, KY 40512
Attn: Maria Christina T. Graves Claim Analyst

VIA FEDERAL EXPRESS

Aetna Life Insurance Company Service Center
151 Farmington Avenue
Hartford, CT 06156
Attn: Life Claims Department (Routing RS51)

Re: Group Control No. 0838912
Employer: Computer Sciences Corporation
Employee: Joel Sarley
Social Security No: 228-62-5868
Disability Claim Case No.: 7586881

Dear Ms. Graves:

In accordance with your letter dated February 17, 2015, this letter is intended to request a review/appeal of your letter dated February 17, 2015 in which you state in pertinent part:

Therefore, you are no longer considered permanently and totally disabled as defined in the group plan, and your Waiver of Premium benefits terminates effective February 17, 2015.

Aetna Life Insurance Company Service Center
August 13, 2015
Page 2 of 4

As you may be aware, Joel Sarley died on August 3, 2015. A copy of his Death Certificate is attached as Exhibit #1.

Following Joel Sarley's death, Terry Sarley, the decedent's wife, made inquiries of Aetna with respect to her husband's disability payments as well as his life insurance. At that time she learned of the February 17, 2015 letter referenced above and that Aetna would be denying the claim for life insurance benefits based on the assertions contained in that letter. At that time Mrs. Sarley engaged my services to take such measures as were necessary to protect her interests as beneficiary of the life insurance policy and as the representative of her husband's estate.

In this request for review/appeal my client takes exception and seeks a review of the above statement contained in the February 17, 2015 letter and relies on the fact that both Aetna and the United States Social Security Administration previously found that Mr. Sarley was disabled and met the definition of being totally and permanently disabled as contemplated in the insurance policy(s) and under the Social Security regulations and that this acceptance and acknowledgement of his status remained constant through August 3, 2015 the date of his death. (See Aetna email dated August 12, 2015 attached as Exhibit #2). See also Aetna letter dated January 29, 2015 (Exhibit #3) which states in pertinent part:

Upon a complete review of your claim, it was determined that you do meet this definition of being totally disabled from any gainful occupation.
(emphasis supplied)

In reviewing the records that Aetna claims to have relied on, there is nothing contained in those records which reflect any change in Mr. Sarley's condition or status which would render him able to "work at any reasonable occupation". In fact, the records are replete with information that clearly demonstrates that Mr. Sarley continued to be disabled and unable to work at any reasonable occupation because of an illness or injury. Certainly, there was no appreciable improvement in his condition between January 29, 2015 when Aetna acknowledged that Mr. Sarley was completely disabled and met the definition and February 17, 2015 when Aetna sent a letter which was entirely inconsistent with the letter sent two weeks earlier.

In addition, please find the following Attachments numbered Exhibits 4 through 7 dated 2/18/15, 04/15/2015, 05/15/2015, and 07/13/2015 all of which consistently show the same diagnosis of chronic diseases and conditions suffered by Mr. Sarley. In addition, please note that the May 15, 2015 report shows the additional condition of chronic kidney disease secondary to the lung transplant which diagnosis does not appear on any prior reports thereby suggesting a

Aetna Life Insurance Company Service Center

August 13, 2015

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worsening of the chronic conditions suffered by Mr. Sarley but no improvement in his other chronic conditions.

Lastly, Mrs. Terry Sarley, the decedent's wife, and Kelly Sarley, the decedent's daughter, each report and would testify that from at least the beginning of 2015:

- 1) That Mr. Sarley suffered from chronic diarrhea requiring him to have immediate access to bathroom facilities;
- 2) That Mr. Sarley needed to take regular naps during the day following any exercise including walking down the street;
- 3) That Mr. Sarley needed to use a CPAP device every night while sleeping, wore an oxygen monitor, and was required to monitor his blood oxygen levels at all times.
- 4) That Mr. Sarley had become increasingly agitated when disturbed and had become increasingly forgetful especially with respect to his short term memory.
- 5) That Mr. Sarley had regular coughing spasms on a daily basis which would last as long as 1 hour.

(See attached Affidavits of Terry Sarley, Kelly Sarley attached as Exhibits 8, and 9)

In addition, please see the affidavit (Exhibit 10) of Brian A. Mahler, D.D.S. stating his weekly observations of Joel Sarley and providing his opinion that Joel Sarley was suffering disabilities which rendered him unable to work in any gainful occupation.

For the foregoing reasons, it is requested that Aetna Life Insurance Company re-evaluate this claim, review the medical records, consider the evidence attached hereto, and reconsider its position as stated in its February 17, 2015 letter and find that Joel Sarley was disabled from any gainful occupation as was acknowledged in Aetna's January 29, 2015 letter and its August 12, 2015 email. Simply stated, there is no evidence that between January 29, 2015 and February 17, 2015 Joel Sarley recovered to the extent that he was able to engage in a gainful occupation as defined by ERISA. Similarly, there is no evidence that Joel Sarley ever recovered from his disabilities at any time through the date of his death which would enable him to engage in any gainful occupation under ERISA standards.

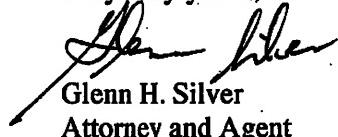
Aetna Life Insurance Company Service Center

August 13, 2015

Page 4 of 4

It is requested that you provide documents, records and other information relevant to this claim in your care, custody and control.

Very truly yours,



A handwritten signature in black ink, appearing to read "Glenn H. Silver".

Glenn H. Silver
Attorney and Agent

EXHIBIT 1

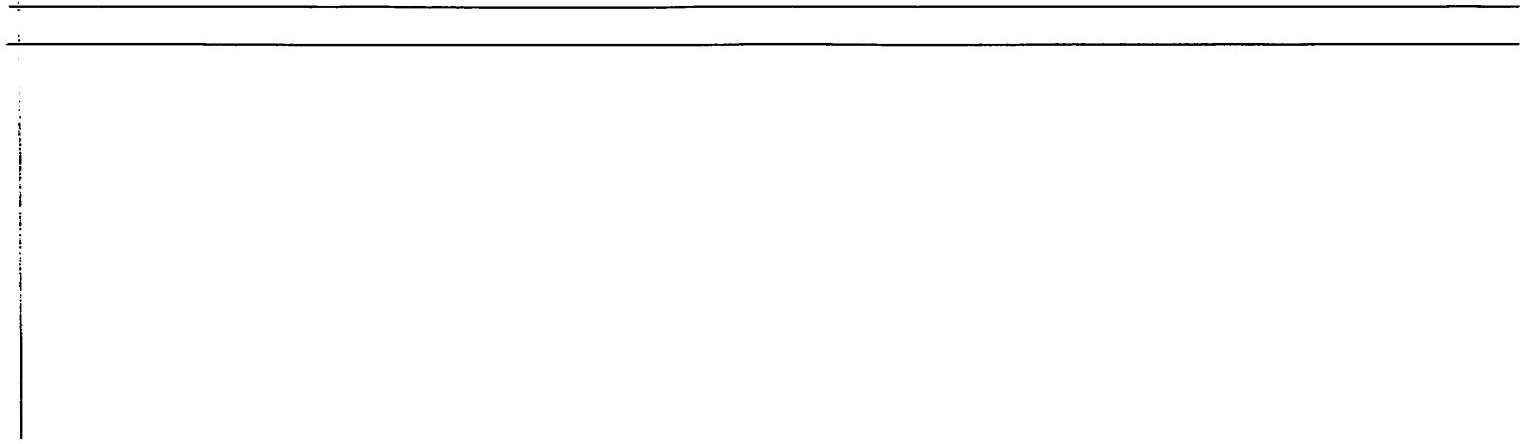


EXHIBIT 2



PO Box 14560
Lexington, KY 40512-4560
JAMES NIEMI
LTD BENEFIT MANAGER
Phone: 1-866-326-1380
Fax: 1-866-667-1987

01/29/2015

JOEL SARLEY
5600 HAMPTON FOREST WAY
FAIRFAX VA - 22030

Group Control No: 0838912
Employer: Computer Sciences Corporation
Employee: MR. JOEL SARLEY
Disability Claim Case No: 7586881

Dear MR. JOEL SARLEY:

The Computer Sciences Corporation LTD group policy is underwritten by Aetna Life Insurance Company (Aetna).

Based upon the Plan, after the 24 Months mark of LTD benefits, you must meet the following definition of total disability:

"Test of Disability"

From the date that you first became disabled and until monthly benefits are payable for 24 months you meet the test of disability on any day that:

- You cannot perform the material duties of your own occupation solely because of an illness, injury or disabling pregnancy-related condition; and
- Your earnings are 80% or less of your adjusted predisability earnings.

After the first 24 months of your disability that monthly benefits are payable, you meet the plan's test of disability on any day you are unable to work at any reasonable occupation solely because of an illness, injury or disabling pregnancy-related condition."

Upon a complete review of your claim, it was determined that you do meet this definition of being totally disabled from any gainful occupation. Therefore, your benefits will continue beyond the 24 Months mark, or 2/16/15. According to the plan requirements, you will continue to receive LTD benefits as long as you continue to meet the Plan definition and remain under the regular care of a licensed physician that is appropriate for your condition. We will continue to monitor your disability status by periodically requesting updated medical and/or other documentation to verify your continued eligibility for Long-Term Disability benefits.

Should you have any questions regarding your claim, please call 1-866-326-1380 and an Aetna Customer Service Representative will be happy to assist you.

Sincerely,

JAMES NIEMI
LTD BENEFIT MANAGER
Aetna Life Insurance Company

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20150130 000056
Env (1,548) 2 of 2 B1

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F0004850000100001000010111CA*780F



*****MIXED AADC 220
1548 1 MB 0.435 12

JOEL SARLEY
5600 HAMPTON FOREST WAY
FAIRFAX VA 22030-7224



J0111A
DRJ
2015013001 J19D
Env [1.548] 1 of 2 B 1
20150130 000498

EXHIBIT 3

Fwd: Response to your query

<https://mail.aol.com/webmail-std/en-us/PrintMessage>

From: Sarleyj <sarleyj@aol.com>
To: ctbgħs <ctbgħs@aol.com>
Subject: Fwd: Response to your query
Date: Wed, Aug 12, 2015 2:00 pm

Glen,

Here is what I received after my conversation with Jessica regarding Joel's CSC disability payments.

Terry

-----Original Message-----

From: ME_WKAB_LTD <ME_WKAB_LTD@AETNA.COM>
To: sarleyj <sarleyj@aol.com>
Sent: Wed, Aug 12, 2015 1:52 pm
Subject: Response to your query

Ms. Sarley:

We have been advised that your husband Joel Sarley passed away on August 3, 2015. We are sorry for your loss and offer you our sincere condolences.

According to Computer Sciences Corporation Long Term Disability (LTD) policy, benefits cease on the date of death.

Below is an explanation of Joel's final LTD benefit through the date of death, which illustrates the benefits that were due to him.

BENEFIT PERIOD AMOUNT

Should Have Paid
08/01/15-08/03/15 \$520.00

*Social Security Disability benefits are not a deduction during the month of death.

Per the LTD plan, there is a Survivor Benefit of 6x the gross monthly LTD benefit of \$5,200.00, or \$31,200.00. The Survivor Benefit is payable to the descendant's spouse or to the descendant's unmarried children under age 25 who were dependent on the decedent for support.

There will be a final benefit paid in the amount of \$520.00, as well as a separate payment for the Survivor Benefit in the amount of \$31,200.00.

Thank you,
Jessica Hubicki

PLEASE DO NOT REPLY
This mailbox is not monitored on a daily basis.
If you have any questions regarding this

Fwd: Response to your query

<https://mail.aol.com/webmail-std/en-us/PrintMessage>

communication, please contact Aetna at 1-866-326-1380.

This e-mail may
contain confidential or privileged information. If
you think you have received
this e-mail in error, please advise the
sender by reply e-mail and then delete
this e-mail immediately.
Thank you. Aetna

EXHIBIT 4

Sarley, Joel J (MR # 02260734)
Joel J Sarley
 2/18/2015 1:30 PM PostOp Visit

Encounter Date: 02/18/2015
 Description: 58 year old male
 Provider: Oksana A Shlobin, MD
 Department: Inova Transplant Center

Basic Information

Date Of Birth	Race	Ethnicity	Preferred Language
3/8/1956	White or Caucasian	Unavailable	English

Department

Name	Address	Phone	Fax
Inova Transplant Center	3300 Gallows Road Falls Church VA 22042	703-776-4001	703-776-3515

Reason for Visit

Lung Transplant Follow-up

Diagnoses this Visit

Lung replaced by transplant - Primary

OSA on CPAP

Problem List as of 2/18/2015

Interstitial lung disease

Epstein-Barr virus seropositivity

Hypertension, benign essential, goal below 140/90

Scarring of lung

Lung replaced by transplant

Atrial fibrillation

History of gastroesophageal reflux (GERD)

Complications of transplanted lung

Steroid-induced diabetes mellitus

PE (pulmonary embolism)

Need for prophylactic immunotherapy

GERD (gastroesophageal reflux disease)

Tracheobronchomalacia

OSA on CPAP

Vital Signs/Measurements - Last Recorded

Bp	Pulse	Temp	Weight	SpO2
113/75	53	97.8 °F (36.6 °C)	103.647 kg (228 lb 8 oz)	96%

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used

Tobacco Comment

April 15th Wednesday
10:00 am Transplant

Medications and Orders**Instructions**

1. Resume cardiovascular exercise ~5 days per week
2. Return to the clinic in 2 months
- ③ Medications
- Stop Neurontin (Gabapentin)
- ④ Make appt to see Dr. Palese for GI workup
5. Focus on weight management - 1 lb per week weight loss goal. Eat small frequent, well-balanced meals.

Sarley, Joel J (MR # 02260734)

Encounter Date: 02/18/2015

Medications and Orders (continued)**Instructions (continued)****Medications Ordered this Visit**

EXPRESS SCRIPTS HOME DELIVERY - ST.LOUIS, MO
- 4600 NORTH HANLEY ROAD
4600 North Hanley Road, St. Louis, MO 63134

Telephone: 800-243-9800

Fax: 800-837-0969

Hours:

E-Prescribed (2 of 2)**atovaquone (MEPRON) 750 MG/5ML suspension**

Sig: Take 10 mLs (1,500 mg total) by mouth daily.
 Start: 2/18/15 End: 2/18/16
 Quantity: 900 mL Refills: 3

fluticasone (FLONASE) 50 MCG/ACT nasal spray

Sig: 2 sprays by Nasal route daily.
 Start: 2/18/15 End: 2/18/16
 Quantity: 16 g Refills: 11

Medication List Instructions

Medication Lists help reduce medication errors and help prevent harmful drug interactions. Below is your Medication List that was reviewed by the provider today. Please maintain and update your medication list and share it with your health care providers at every visit.

Your Current Medications Are

<input checked="" type="checkbox"/> alendronate (FOSAMAX) 70 MG tablet	Take 35 mg by mouth every 7 days. Take in the morning with a full glass of water, on an empty stomach, and do not take anything else by mouth or lie down for the next 30 min.
<input checked="" type="checkbox"/> amoxicillin (AMOXIL) 250 MG capsule	Take 1,000 mg by mouth as needed. Teeth cleaning
<input checked="" type="checkbox"/> ANDROGEL PUMP 20.25 MG/ACT (1.62%) GEL	
<input checked="" type="checkbox"/> atorvastatin (LIPITOR) 20 MG tablet	Take 1 tablet (20 mg total) by mouth daily.
<input checked="" type="checkbox"/> atovaquone (MEPRON) 750 MG/5ML suspension	Take 10 mLs (1,500 mg total) by mouth daily.
<input checked="" type="checkbox"/> azithromycin (ZITHROMAX) 250 MG tablet	Take 250 mg by mouth every mon, wed and fri. ? Joels dose - every day
<input checked="" type="checkbox"/> calcitriol (ROCALTROL) 0.25 MCG capsule	Take 0.25 mcg by mouth daily.
<input checked="" type="checkbox"/> calcium carbonate (TUMS) 500 MG chewable tablet	Chew 1 tablet by mouth 2 (two) times daily.
<input checked="" type="checkbox"/> fluticasone (FLONASE) 50 MCG/ACT nasal spray	2 sprays by Nasal route daily.
<input checked="" type="checkbox"/> guaIFENesin (MUCINEX) 600 MG 12 hr tablet	Take 1,200 mg by mouth 2 (two) times daily.
<input checked="" type="checkbox"/> Lancets (ONETOUCH ULTRASOFT) lancets	Apply 1 applicator topically as needed.
<input checked="" type="checkbox"/> magnesium oxide (MAG-OX) 400 MG tablet	Take 3 tablets (1,200 mg total) by mouth 3 (three) times daily. ? Joels dose - every day
<input checked="" type="checkbox"/> metoclopramide (REGLAN) 5 MG tablet	Take 5 mg by mouth nightly.
<input checked="" type="checkbox"/> metoprolol (LOPRESSOR) 50 MG tablet	Take 1 tablet (50 mg total) by mouth 2 (two) times daily.

Sarley, Joel J (MR # 02260734)

Encounter Date: 02/18/2015

Medications and Orders (continued)**Your Current Medications Are (continued)**

✓ <u>Multiple Vitamin (MULTIVITAMIN) tablet</u>	Take 1 tablet by mouth daily.
✓ <u>mycophenolate (CELLCEPT) 250 MG capsule</u>	Take 5 capsules (1,250 mg total) by mouth 2 (two) times daily.
✓ <u>ONE TOUCH ULTRA TEST test strip</u>	Apply 1 strip topically as needed.
✓ <u>pantoprazole (PROTONIX) 40 MG tablet</u>	Take 40 mg by mouth 2 (two) times daily. 30 min before meals
✓ <u>predniSONE (DELTASONE) 5 MG tablet</u>	Take 5 mg by mouth Daily.
✓ <u>tacrolimus (PROGRAF) 0.5 MG capsule</u>	Take 2.5 mg by mouth every evening.
✓ <u>tacrolimus (PROGRAF) 1 MG capsule</u>	Take 2.5 mg by mouth every morning.
✓ <u>Vitamin D, Ergocalciferol, (DRISDOL) 50000 UNIT CAPS</u>	50,000 Units. <i>Jels dose 2000IU daily?</i>

Medications:

fluticasone (FLONASE) 50 MCG/ACT nasal spray
atovaquone (MEPRON) 750 MG/5ML suspension

Allergies as of 2/18/2015

Bactrim (Sulfamethoxazole W/Trimethoprim (Co-Trimoxazole))

Immunizations administered on date of encounter - 2/18/2015

None

Your Coordinated Care Strategy

Germano, Kara Elizabeth, NP

4/24/2014 1:04 PM

s/p left lung tsp for IPF on 8/20/2012

CMV: D-/R-

EBV: D+/R+

Result Summary**Sign Up for MyChart**

MyChart allows you to send secure messages to your doctor, view your test results, request prescription refills, request or schedule appointments, and more.

For access to your child's medical record via MyChart, please complete a proxy form from your provider's office and return it to them. Please note the following age range limitations for MyChart below. These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your provider's office.

- If your child is less than 12 years old you will be granted full access to your child's MyChart record.
- Once your child reaches the age of 12, you will no longer have access to your child's MyChart record.

MyChart for both Valley Health and Inova is hosted by Inova Health System. You can log on by going to <https://mychart.inova.org/mychart> or www.valleyhealthlink.com/mychart and clicking the **Activate Your Account** link. You will then access the new member signup page. Enter your MyChart access code exactly as it appears below to complete the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyChart Access Code: GHWY5-BP2PV-C634H
Expires: 4/19/2015 1:55 PM

Sarley, Joel J (MR # 02260734)

Encounter Date: 02/18/2015

Result Summary (continued)

Sign Up for MyChart (continued)

Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911. For same-day concerns, please contact your primary health care provider. If you need assistance or have questions please contact 1-855-MY-INOVA (855-694-6682) to talk to our MyChart Staff.

EXHIBIT 5

Sarley, Joel J (MR # 02260734)

Joel J. Sarley

4/15/2015 11:00 AM PostOp Visit

Encounter Date: 04/15/2015

Description: 59 year old male

Provider: Kara Elizabeth Germano,

NP

Department: Inova Transplant Center

Basic Information

Date Of Birth	Race	Ethnicity	Preferred Language
3/8/1956	White or Caucasian	Unavailable	English

Department

Name	Address	Phone	Fax
Inova Transplant Center	3300 Gallows Road Falls Church VA 22042	703-776-4001	703-776-3515

Reason for Visit

Lung Transplant Follow-up

Diagnoses this Visit

Lung replaced by transplant - Primary

Problem List as of 4/15/2015

Interstitial lung disease
Epstein-Barr virus seropositivity
Hypertension, benign essential, goal below 140/90
Scarring of lung
Lung replaced by transplant
Atrial fibrillation
History of gastroesophageal reflux (GERD)
Complications of transplanted lung
Steroid-induced diabetes mellitus
PE (pulmonary embolism)
Need for prophylactic immunotherapy
GERD (gastroesophageal reflux disease)
Tracheobronchomalacia
OSA on CPAP

Vital Signs/Measurements - Last Recorded

BP	Pulse	Temp	Weight	SpO2
105/59	57	98 °F (36.7 °C)	94.394 kg (208 lb 1.6 oz)	96%

Social History

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Never Used

Tobacco Comment

Medications and Orders**Instructions**

1. Return for post-lung transplant clinic visit in 3 months
2. Continue exercise
3. Medications
 - Change azithromycin to 250mg every M/W/F

Sarley, Joel J (MR # 02260734)

Encounter Date: 04/15/2015

Medications and Orders (continued)**Instructions (continued)****Medication List Instructions**

Medication Lists help reduce medication errors and help prevent harmful drug interactions. Below is your Medication List that was reviewed by the provider today. Please maintain and update your medication list and share it with your health care providers at every visit.

Your Current Medications Are

<input checked="" type="checkbox"/> alendronate (FOSAMAX) 70 MG tablet	Take 35 mg by mouth every 7 days. Take in the morning with a full glass of water, on an empty stomach, and do not take anything else by mouth or lie down for the next 30 min.
<input checked="" type="checkbox"/> atorvastatin (LIPITOR) 20 MG tablet	Take 1 tablet (20 mg total) by mouth daily.
<input checked="" type="checkbox"/> átovaquone (MEPRON) 750 MG/5ML suspension	Take 10 mLs (1,500 mg total) by mouth daily.
<input checked="" type="checkbox"/> azithromycin (ZITHROMAX) 250 MG tablet	Take 250 mg by mouth every mon, wed and fri.
<input checked="" type="checkbox"/> calcitriol (ROCALTROL) 0.25 MCG capsule	Take 0.25 mcg by mouth daily.
<input checked="" type="checkbox"/> calcium carbonate (TUMS) 500 MG chewable tablet	Chew 1 tablet by mouth 2 (two) times daily.
<input checked="" type="checkbox"/> fluticasone (FLONASE) 50 MCG/ACT nasal spray	2 sprays by Nasal route daily.
<input checked="" type="checkbox"/> guaIFENesin (MUCINEX) 600 MG 12 hr tablet	Take 1,200 mg by mouth once as needed.
<input checked="" type="checkbox"/> magnesium oxide (MAG-OX) 400 MG tablet	Take 2,800 mg by mouth 3 (three) times daily.
<input checked="" type="checkbox"/> metoclopramide (REGLAN) 5 MG tablet	Take 5 mg by mouth nightly.
<input checked="" type="checkbox"/> metoprolol (LOPRESSOR) 50 MG tablet	Take 50 mg by mouth 2 (two) times daily.
<input checked="" type="checkbox"/> Multiple Vitamin (MULTIVITAMIN) tablet	Take 1 tablet by mouth daily.
<input checked="" type="checkbox"/> mycophenolate (CELLCEPT) 250 MG capsule	Take 5 capsules (1,250 mg total) by mouth 2 (two) times daily.
<input checked="" type="checkbox"/> ONE TOUCH ULTRA TEST test strip	Apply 1 strip topically as needed.
<input checked="" type="checkbox"/> prednISONE (DELTASONE) 5 MG tablet	Take 5 mg by mouth Daily.
<input checked="" type="checkbox"/> tacrolimus (PROGRAF) 0.5 MG capsule	Take 2.5 mg by mouth every evening.
<input checked="" type="checkbox"/> tacrolimus (PROGRAF) 1 MG capsule	Take 2.5 mg by mouth every morning.
<input checked="" type="checkbox"/> Vitamin D (ergocalciferol) (DRISDOL) 50000 UNIT CAPS	Take 14,000 Units by mouth daily. Needs to be taken with meals 2,000 Daily
<input checked="" type="checkbox"/> amoxicillin (AMOXIL) 250 MG capsule	Take 1,000 mg by mouth as needed. Teeth cleaning
<input checked="" type="checkbox"/> ANDROGEL PUMP 20.25 MG/ACT (1.62%) GEL	
<input checked="" type="checkbox"/> Lancets (ONETOUCH ULTRASOFT) lancets	Apply 1 applicator topically as needed.
<input checked="" type="checkbox"/> pantoprazole (PROTONIX) 40 MG tablet	Take 40 mg by mouth 2 (two) times daily. 30 min before meals

Allergies as of 4/15/2015

Bactrim (Sulfamethoxazole W/Trimethoprim (Co-Trimoxazole))

Immunizations administered on date of encounter - 4/15/2015

None

Your Coordinated Care Strategy

Germano, Kara Elizabeth, NP

4/24/2014 1:04 PM

s/p left lung tsp for IPF on 8/20/2012

CMV: D-/R-

EBV: D+/R+

1200
800
800
2800 Mag.

Sarley, Joel J (MR # 02260734)
Your Coordinated Care Strategy (continued)

Encounter Date: 04/15/2015

Result Summary

Sign Up for MyChart

MyChart allows you to send secure messages to your doctor, view your test results, request prescription refills, request or schedule appointments, and more.

For access to your child's medical record via MyChart, please complete a proxy form from your provider's office and return it to them. Please note the following age range limitations for MyChart below. These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your provider's office.

- If your child is less than 12 years old you will be granted full access to your child's MyChart record. Once your child reaches the age of 12, you will no longer have access to your child's MyChart record.

MyChart for both Valley Health and Inova is hosted by Inova Health System. You can log on by going to <https://mychart.inova.org/mychart> or www.valleyhealthlink.com/mychart and clicking the **Activate Your Account** link. You will then access the new member signup page. Enter your MyChart access code exactly as it appears below to complete the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyChart Access Code: GHWY5-BP2PV-C634H
Expires: 4/19/2015 2:55 PM

Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911. For same-day concerns, please contact your primary health care provider. If you need assistance or have questions please contact 1-855-MY-INOVA (855-694-6682) to talk to our MyChart Staff.

EXHIBIT 6

\$w \$D

METROPOLITAN NEPHROLOGY ASSOCIATES

ANDREW D. HOWARD, M.D., F.A.C.P. • SAMIR F. SHABSHAB, M.D.

MANOJ S. REDDY, M.D. • ADAM M. PEARLMAN, M.D. • MARC F. BRAZIE, M.D.

NANCY KIM ZUBER, PA-C • ERICA N. DAVIS, M.S., PA-C

BOARD CERTIFIED

7801 OLD BRANCH AVENUE
SUITE 202
CLINTON, MD 20735
(301) 868-9414
Fax (301) 868-6055

2616 SHERWOOD HALL LANE
SUITE 209
ALEXANDRIA, VA 22306
(703) 360-3100
Fax (703) 360-6117

Clinical Summary for Joel Sarley

DOB: 3/08/1958

Date of Visit: 5/15/2015

Sex: Male Ethnicity: Not Hispanic or Latino Primary Race: White Preferred Language: English

Instructions:

Your kidney function is stable.

Reduce your metoprolol to 1/2 a tablet twice a day. Monitor your blood pressure 2-3 times per week, if it is routinely less than 130/80 you can likely come off the medication.

Provider:

Erica Davis

Location: Virginia Office

Appointments:

No appointments are entered.

Care Team:

Erica Davis

Referrals:

No referrals entered.

Vital Signs:

Today Blood Pressure: 92/74 Pulse: 62 Height: 69 Weight: 204 lbs BMI: 30.1

Medications:

CellCept (mycophenolate mofetil) 500 mg tablet, Take 2 tablet by mouth twice a day | Patient Notes: Take 1 tablet by mouth twice a day

Flonase (fluticasone) 50 mcg/actuation spray, suspension, Spray 2 spray into both nostrils twice a day as needed

Lipitor (atorvastatin) 20 mg tablet, Take 1 tablet by mouth once a day

metoprolol tartrate 25 mg tablet, Take 1 tablet by mouth twice a day

multivitamin tablet, Take 1 tablet by mouth once a day

prednisone 5 mg tablet, Take 1 tablet by mouth once a day

Prograf (tacrolimus) 0.5 mg capsule, Take 3 capsule by mouth twice a day

Protonix (pantoprazole) 40 mg tablet delayed release (DRE/C), Take 1 tablet by mouth once a day

Rocaltrol (calcitriol) 0.25 mcg capsule, Take 1 capsule by mouth once a day

Tums (calcium carbonate) 200 mg calcium (500 mg) tablet, chewable, Take 2 tablet by mouth twice a day

Zithromax (azithromycin) 250 mg tablet, Take 1 tablet by mouth three times a week as directed | Patient Notes: M,W,F

Allergies:

nkda

Active

Problems:

Chronic kidney disease stage 2 - Chronic

H/O: lung recipient - Chronic

Idiopathic pulmonary fibrosis - Chronic

Prophylactic immunotherapy - Chronic

Benign essential hypertension - Chronic

Lab Results:

4/15/2015	WBC	7.08	4-10.8	4/15/2015	eGFR	47.9	90-120
4/15/2015	Hgb	13	12.0-16.0	4/15/2015	Magnesium	1.7	1.8-2.3
4/15/2015	Retinol-binding protein	404	36-50	4/15/2015	AST	17	10-40
4/15/2015	Platelets	243	140-400	4/15/2015	ALT	22	6-46
4/15/2015	Glucose	109	70-99	4/15/2015	Alk Phos	82	33-115
4/15/2015	BUN	25	8-25	4/15/2015	Total bilirubin	0.6	0.2-1.2
4/15/2015	Creatinine	1.5	0.8-1.3	4/15/2015	Total protein	6.1	6.1-8.1
4/15/2015	Sodium	142	135-145	4/15/2015	Albumin	3.4	3.4-4.8
4/15/2015	Potassium	4.1	3.5-5.1	4/15/2015	Tacrolimus	5.7	5-20
4/15/2015	Chloride	108	98.0-110.0	4/15/2015	CMV	Less Than 200	<200
4/15/2015	CO2	25	21.0-32.0	4/15/2015	Immune Cell Function	258	200-600

\$w \$D

4/15/2015 Calcium

9.0 8.5-10.1

Diagnostic Tests Pending:
No diagnostic tests pending.

Care Plan:
Follow-up in one year or sooner if necessary.

EXHIBIT 7

Sarley, Joel J (MR # 02260734)

Encounter Date: 07/13/2015

Joel J Sarley

7/13/2015 11:30 AM PostOp Visit

Description: 59 year old male

Provider: Kara Elizabeth Germano, NP

Department: Inova Transplant Center

Basic Information

Date Of Birth 3/8/1956	Race White or Caucasian	Ethnicity Unavailable	Preferred Language English
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Department

Name Inova Transplant Center	Address 3300 Gallows Road Falls Church VA 22042	Phone 703-776-4001	Fax 703-776-3515
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Reason for Visit

Lung Transplant Follow-up
Reason for Visit History

Vital Signs/Measurements

BP 138/88 mmHg	Pulse 62	Temp(Src) 98 °F (36.7 °C)	Wt 90.765 kg (200 lb 1.6 oz)	SpO2 97%
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Allergies as of 7/13/2015

Bactrim [Sulfamethoxazole W/Trimethoprim (Co-Trimoxazole)]

Immunizations Administered on Date of Encounter - 7/13/2015

None

Diagnoses this Visit

Lung replaced by transplant - Primary

Problem List as of 7/13/2015

Interstitial lung disease

Epstein-Barr virus seropositivity

Hypertension, benign essential, goal below 140/90

Scarring of lung

Lung replaced by transplant

Atrial fibrillation

History of gastroesophageal reflux (GERD)

Complications of transplanted lung

Steroid-induced diabetes mellitus

PE (pulmonary embolism)

Need for prophylactic immunotherapy

GERD (gastroesophageal reflux disease)

Tracheobronchomalacia

OSA on CPAP

Social History

Category	History
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Smoking Tobacco Use	Never Smoker
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Smokeless Tobacco Use	Never Used
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Tobacco Comment

Medications and Orders**Medications Ordered this Visit**

Sarley, Joel J (MR # 02260734)

Encounter Date: 07/13/2015

Medications and Orders (continued)

EXPRESS SCRIPTS HOME DELIVERY - ST.LOUIS, MO
- 4600 NORTH HANLEY ROAD
4600 North Hanley Road, St.Louis MO 63134

Telephone: 800-243-9800
 Fax: 800-837-0959
 Hours:

E-Prescribed (1 of 1)

metoprolol (LOPRESSOR) 25 MG tablet

Sig: Take 1 tablet (25 mg total) by mouth 2 (two) times daily.
 Start: 7/13/15 End: 7/12/16
 Quantity: 180 tablet Refills: 3

Medication List Instructions

Medication Lists help reduce medication errors and help prevent harmful drug interactions. Below is your Medication List that was reviewed by the provider today. Please maintain and update your medication list and share it with your health care providers at every visit.

Your Current Medications Are

✓ amoxicillin (AMOXIL) 250 MG capsule	Take 500 mg by mouth 3 (three) times daily.	* Joe takes before going dentist only
✓ atorvastatin (LIPITOR) 20 MG tablet	Take 1 tablet (20 mg total) by mouth daily.	
✓ atovaquone (MEPRON) 750 MG/5ML suspension	Take 10 mLs (1,500 mg total) by mouth daily.	
✓ azithromycin (ZITHROMAX) 250 MG tablet	Take 250 mg by mouth every mon, wed and fri.	
✓ calcitriol (ROCALTROL) 0.25 MCG capsule	Take 0.25 mcg by mouth daily.	(PK)
✓ calcium carbonate (TUMS) 500 MG chewable tablet	Chew 1 tablet by mouth 2 (two) times daily.	
✓ fluticasone (FLONASE) 50 MCG/ACT nasal spray	2 sprays by Nasal route daily.	
✓ guaIFENesin (MUCINEX) 600 MG 12 hr tablet	Take 1,200 mg by mouth once as needed.	
✓ lancets (ONETOUCH ULTRASOFT) lancets	Apply 1 applicator topically as needed.	
✓ magnesium oxide (MAG-OX) 400 MG tablet	Take 800 mg by mouth 3 (three) times daily.	
✓ metoclopramide (REGLAN) 5 MG tablet	Take 5 mg by mouth nightly.	
✓ metoprolol (LOPRESSOR) 25 MG tablet	Take 1 tablet (25 mg total) by mouth 2 (two) times daily.	Joe's dose 12.5 mg
✓ Multiple Vitamin (MULTIVITAMIN) tablet	Take 1 tablet by mouth daily.	
✓ mycophenolate (CELLCEPT) 500 MG tablet	Take 2 tablets (1,000 mg total) by mouth 2 (two) times daily.	
✓ ONE TOUCH ULTRA TEST test strip	Apply 1 strip topically as needed.	
✓ pantoprazole (PROTONIX) 40 MG tablet	Take 40 mg by mouth 2 (two) times daily. 30 min before meals	
✓ prednISONE (DELTASONE) 5 MG tablet	Take 5 mg by mouth Daily.	
✓ tacrolimus (PROGRAF) 0.5 MG capsule	Take 2.5 mg by mouth every evening.	
✓ tacrolimus (PROGRAF) 1 MG capsule	Take 2.5 mg by mouth every morning.	
✓ Vitamin D, Ergocalciferol, (DRISDOL) 50000 UNIT CAPS	Take 2,000 Units by mouth daily.	

Orders Placed This Encounter

Recurring Lab Work	Interval	Expires
6 minute walk test [PFT63 CPT(R)]		7/12/2016
Spirometry [PFT71 CPT(R)]		7/12/2016

MyChart Result Reminder

Sarley, Joel J (MR # 02260734) Printed by Germano, Kara Elizabeth, NP [6452] at 7/13/15 11:39 AM

☒ Tara called at 4:30 PM
 7/13/15 Joe's dose for calcitriol (rocaltrol) needs to change to every other day.
 Page 2 of 4

Sarley, Joel J (MR # 02260734)

Encounter Date: 07/13/2015

Medications and Orders (continued)

MyChart Result Reminder

If you have had tests ordered by our office and have not heard from us about the results within 10 days from the time the test was done, please send us a secure message on MyChart and we will gladly discuss them with you. If the patient is between the ages of 12 and 17 please call the office.

Instructions

1. Return for post-lung transplant clinic visit in 2 months for annual visit to include:

- spirometry
- 6 min walk
- labs
- CT chest
- echocardiogram

2. Continue exercise

3. Medications

- ✓ Decrease metoprolol to 12.5 mg twice daily (hold for HR < 60, SBP (top #) < 100)
- ✓ Stop Fosamax
- ✓ Stop Mepron after currently supply runs out
- ✓ decrease Mag. Ox to 800 mg 3x/day

Patient Goals (5 Years of Data)

None

Follow-up and Disposition

Return in about 2 months (around 9/13/2015).

Other Notes About Your Plan

s/p left lung tsp for IPF on 8/20/2012

CMV: D-/R-

EBV: D+/R+

Current View: Showing all answers

Result Summary

Show Only Relevant Answers

Legend: Scores, Non-relevant Questions

Questionnaire Answers

No questionnaire available.

Sign Up for MyChart

Sarley, Joel J (MR # 02260734) Printed by Germano, Kara
Elizabeth, NP [6452] at 7/13/15 11:39 AM

Page 3 of 4

Sarley, Joel J (MR # 02260734)

Encounter Date: 07/13/2015

Result Summary (continued)

Sign Up for MyChart

MyChart allows you to send secure messages to your doctor, view your test results, request prescription refills, request or schedule appointments, and more.

For access to your child's medical record via MyChart, please complete a proxy form from your provider's office and return it to them. Please note the following age range limitations for MyChart below. These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your provider's office.

- If your child is less than 12 years old you will be granted full access to your child's MyChart record. Once your child reaches the age of 12, you will no longer have access to your child's MyChart record.

MyChart for both Valley Health and Inova is hosted by Inova Health System. You can log on by going to <https://mychart.inova.org/mychart> or www.valleyhealthlink.com/mychart and clicking the **Activate Your Account** link. You will then access the new member signup page. Enter your MyChart access code exactly as it appears below to complete the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyChart Access Code: DZ9JB-7C2CR-Q7FCZ

Expires: 9/11/2015 11:39 AM

Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911. For same-day concerns, please contact your primary health care provider. If you need assistance or have questions please contact 1-855-MY-INOVA (855-694-6682) to talk to our MyChart Staff.

EXHIBIT 8

AFFIDAVIT OF TERRY SARLEY

TERRY SARLEY, being duly sworn, deposes and says:

1. I am over the age of 18 and am in all respects competent to make this affidavit.
2. The information provided herein is based on my personal knowledge and observations.
3. That I am the wife of Joel Sarley who died on August 3, 2015.
4. That I am fully familiar with my husband's illnesses and disabilities and that during the course of his illness through the date of his death I was his primary and regular caretaker.
5. That in addition to the illnesses stated in the medical reports attached to the letter of my attorney, Glenn H. Silver, Esquire, my husband suffered from chronic diarrhea requiring him to have immediate access to bathroom facilities;
6. That he needed to take regular naps during the day following any exercise including walking down the street;
7. That he needed to use a CPAP device every night while sleeping, wore an oxygen monitor, and was required to monitor his blood oxygen levels at all times.

8. That he had become increasingly agitated when disturbed and had become increasingly forgetful especially with respect to his short term memory.

9. That he had regular coughing spasms on a daily basis that would last as long as 1 hour and would deplete his energy for the remainder of the day or night as the case may be.
10. That he was warned by his doctors that his immune systems had been severely compromised and that he should not participate in any activities placing him in any place where he would be susceptible to catching colds, the flu, or other common ailments or which might aggravate allergies causing respiratory distress.
11. Based on my observations, there is no way in which my husband could possibly have worked in any gainful occupation on a regular basis.

Terry Sarley
Terry Sarley

Commonwealth of Virginia)
City of Fairfax)

The foregoing affidavit was subscribed, sworn to and acknowledged before me this 13th day of August, 2015 by Terry Sarley.

Judie Dury
Notary Public

My Commission Expires: 6/30/2019
Registration No. 131372

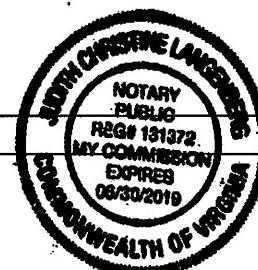


EXHIBIT 9

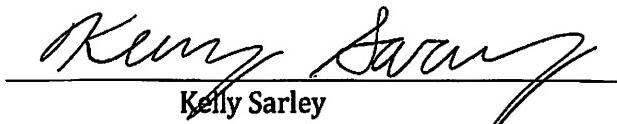
AFFIDAVIT OF KELLY SARLEY

KELLY SARLEY, being duly sworn, deposes and says:

1. I am over the age of 18 and am in all respects competent to make this affidavit.
2. The information provided herein is based on my personal knowledge and observations.
3. That I am the daughter of Joel Sarley who died on August 3, 2015.
4. That I am fully familiar with my father's illnesses and disabilities and that during the course of his illness through the date of his death I would see him and talk with him on a regular basis.
5. That in addition to the illnesses stated in the medical reports attached to the letter of Glenn H. Silver, Esquire, my father suffered from chronic diarrhea requiring him to have immediate access to bathroom facilities;
6. That he needed to take regular naps during the day following any exercise including walking down the street;
7. That he needed to use a CPAP device every night while sleeping, wore an oxygen monitor, and was required to monitor his blood oxygen levels at all times.

8. That he had become increasingly agitated when disturbed and had become increasingly forgetful especially with respect to his short term memory.

9. That he had regular coughing spasms that would last as long as 1 hour and would deplete his energy for the remainder of the day or night as the case may be.
10. That he was warned by his doctors that his immune systems had been severely compromised and that he should not participate in any activities placing him in any place where he would be susceptible to catching colds, the flu, or other common ailments or which might aggravate allergies causing respiratory distress.
11. Based on my observations, there is no way in which my father could possibly have worked in any gainful occupation on a regular basis.



Kelly Sarley
Kelly Sarley

Commonwealth of Virginia)
City of Fairfax)

The foregoing affidavit was subscribed, sworn to and acknowledged before me this 13th day of August, 2015 by Kelly Sarley.



Jeanne C. Clegg
Notary Public

My Commission Expires:
Registration No. _____

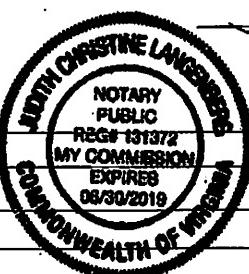


EXHIBIT 10

AFFIDAVIT OF BRIAN A. MAHLER, D.D.S.

BRIAN A. MAHLER, D.D.S. being duly sworn, deposes and says:

1. I am over the age of 18 and am in all respects competent to make this affidavit.
2. The information provided herein is based on my personal knowledge and observations.
3. I am a licensed dentist in the Commonwealth of Virginia and specialize in the practice of prosthodontics. As Joel was a patient of mine and also because of our family relationship I was acutely aware of his medical conditions which we discussed on a regular basis.
4. My knowledge of Joel Sarley comes from the fact that I was his cousin, his dentist, and his business partner. In those capacities I would see Joel and/or speak with him regularly on at least a weekly basis.
5. During the many years that Joel and I were business partners, we owned several buildings that we leased out. Until Joel became ill, he would be in charge of maintaining the buildings to the extent he had the ability to do so and would perform the actual work. This ended when Joel became ill. After becoming ill, Joel was unable to perform any work at our buildings and his participation in our business affairs became limited to making business decisions.

6. Since Joel became ill and especially since undergoing the transplant surgery, I have noticed that when we would get together on an intermittent but weekly basis he would fatigue easily. This has not

changed to any appreciable degree even as he has gone through the healing process as his oxygen levels have remained well below capacity.

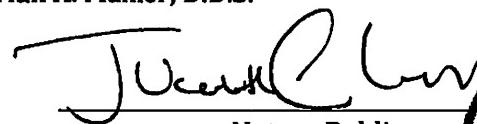
7. In the months following his lung transplant through the time of his death, Joel and I would typically spend time discussing his health. He would often tell me that he was feeling better but my observations were that his chronic conditions, all of which I was aware of, were either stable or were worsening.
8. I did notice during the past year that Joel would become agitated over matters that he previously would think were inconsequential. I also noticed that he had become increasingly forgetful especially with respect to his short term memory.
9. With respect to my treatment of Joel as a dentist, despite satisfactory oral hygiene, I noticed and made him aware of significant localized bone loss which was consistent with systemic chronic disease.
10. Based on my knowledge and observations of Joel Sarley, my knowledge of his medical history, my limited examination and treatment of him, it is my opinion that he could not be employed in any gainful occupation on a regular basis.



Brian A. Mahler, D.D.S.

Commonwealth of Virginia)
City of Fairfax)

The foregoing affidavit was subscribed, sworn to and acknowledged before
me this 13th day of August, 2015 by Brian A. Mahler, D.D.S.



Notary Public

My Commission Expires: 06/30/2019
Registration No. 131372

